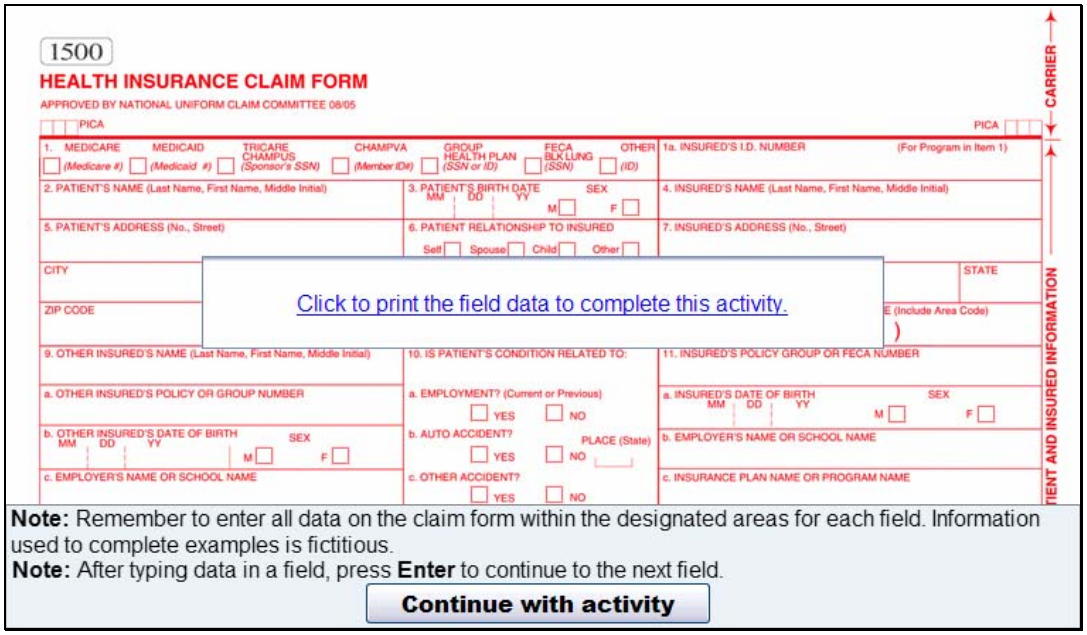
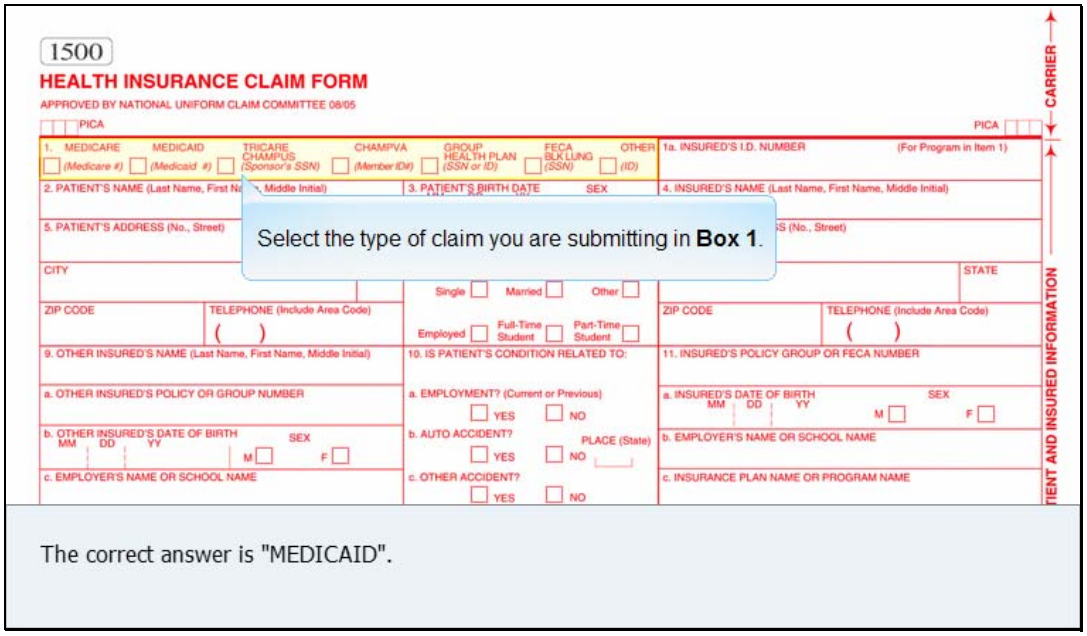


Click to print the field data to complete this activity.

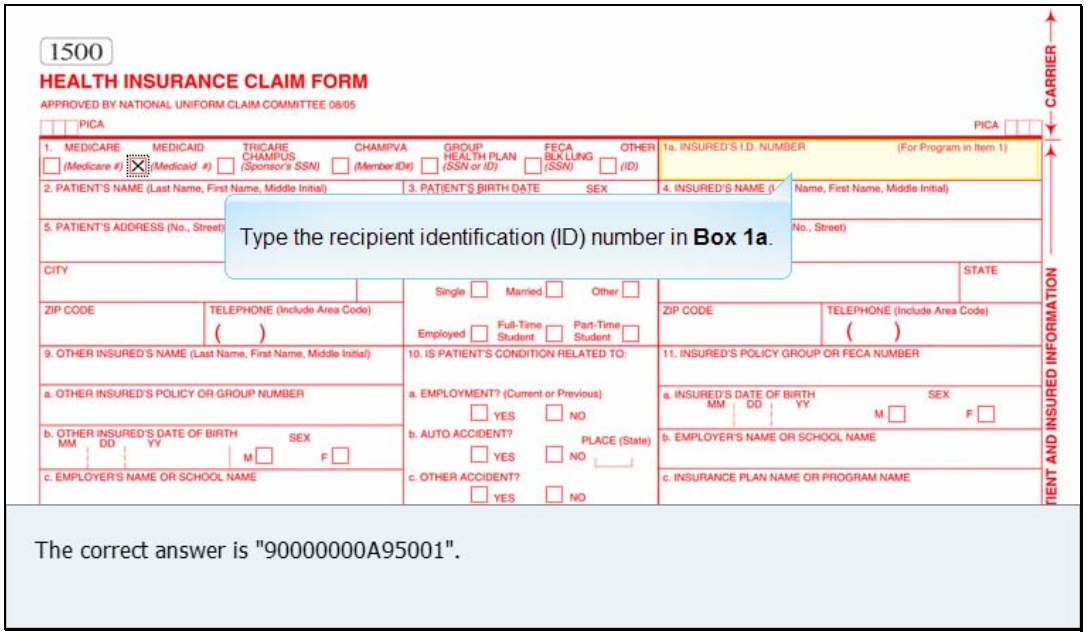
Note: After typing data in a field, press **Enter** to continue to the next field.

Note: Remember to enter all data on the claim form within the designated areas for each field. Information used to complete examples is fictitious.



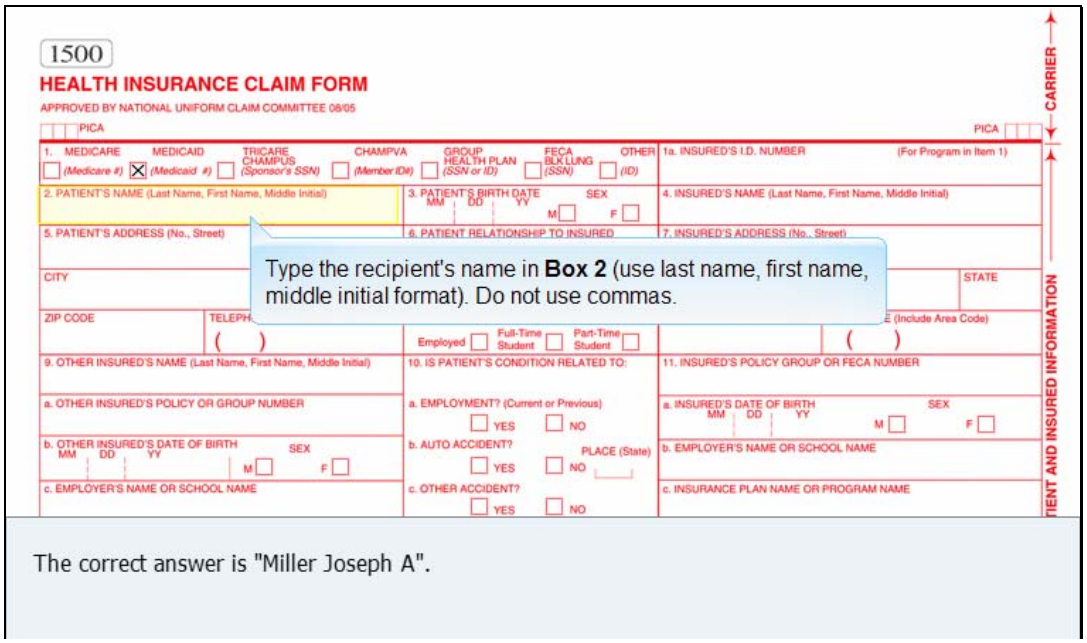
Select the type of claim you are submitting in **Box 1**.

The correct answer is "MEDICAID".



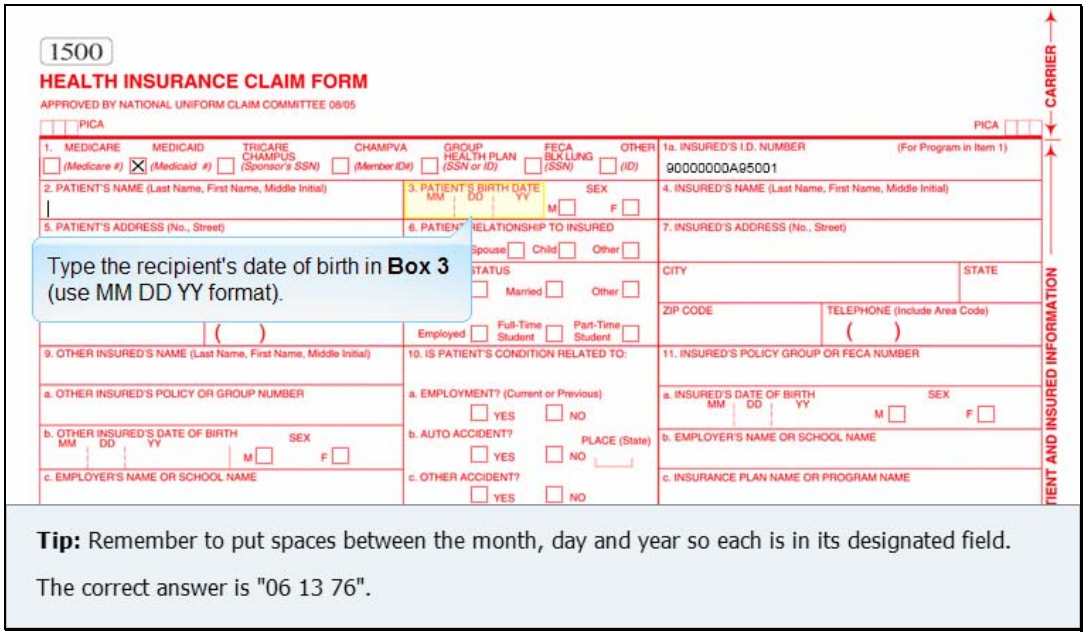
Type the recipient identification (ID) number in **Box 1a**.

The correct answer is "90000000A95001".



Type the recipient's name in **Box 2** (use last name, first name, middle initial format). Do not use commas.

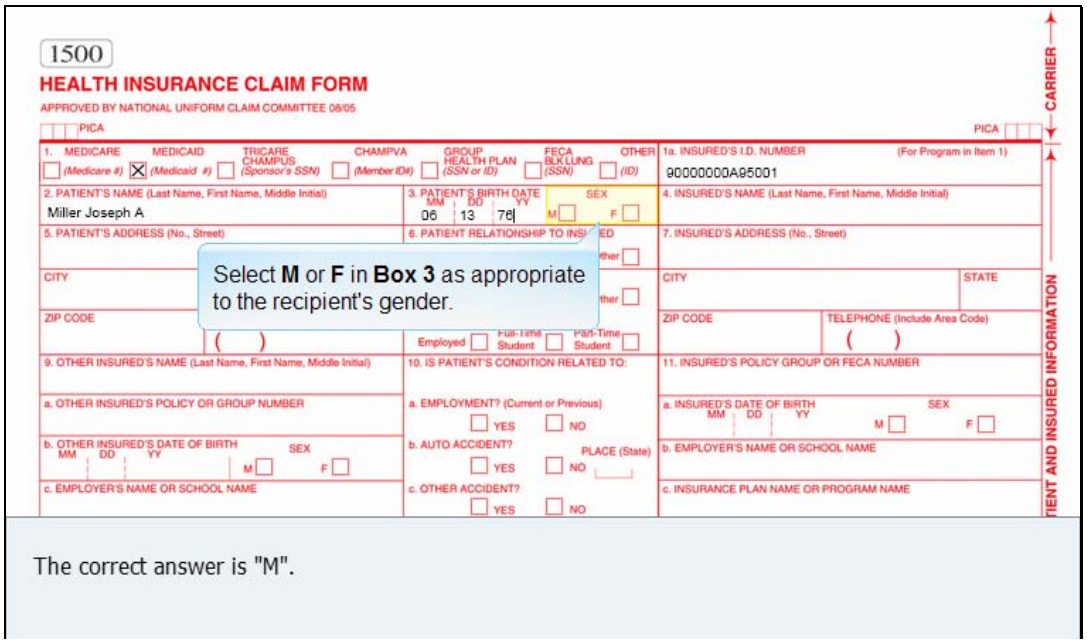
The correct answer is "Miller Joseph A".



Type the recipient's date of birth in **Box 3** (use MM DD YY format).

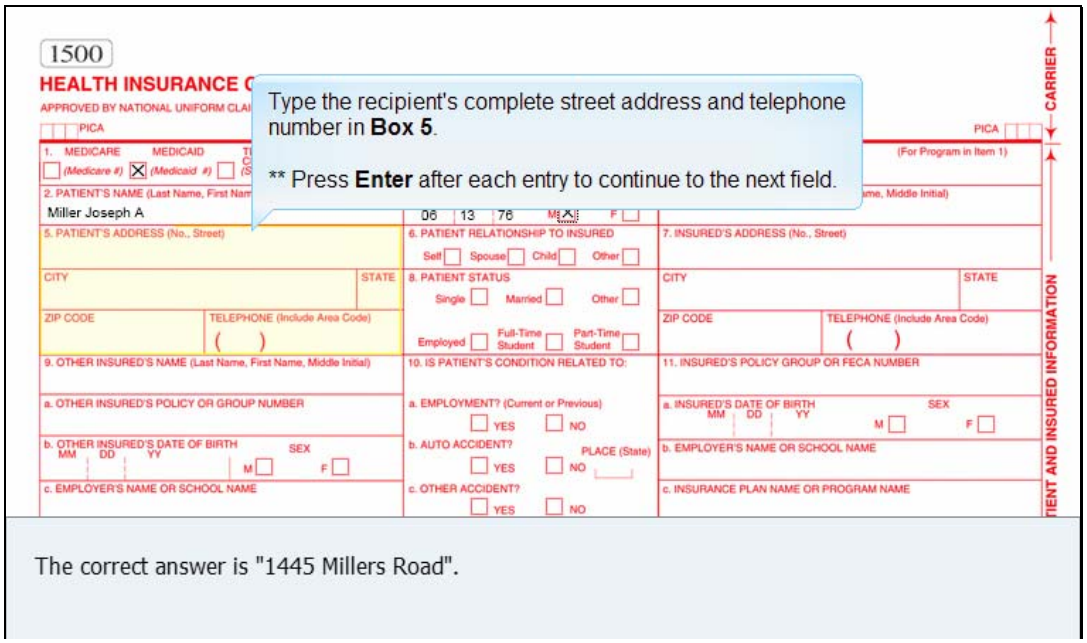
Tip: Remember to put spaces between the month, day and year so each is in its designated field.

The correct answer is "06 13 76".



Select **M** or **F** in **Box 3** as appropriate to the recipient's gender.

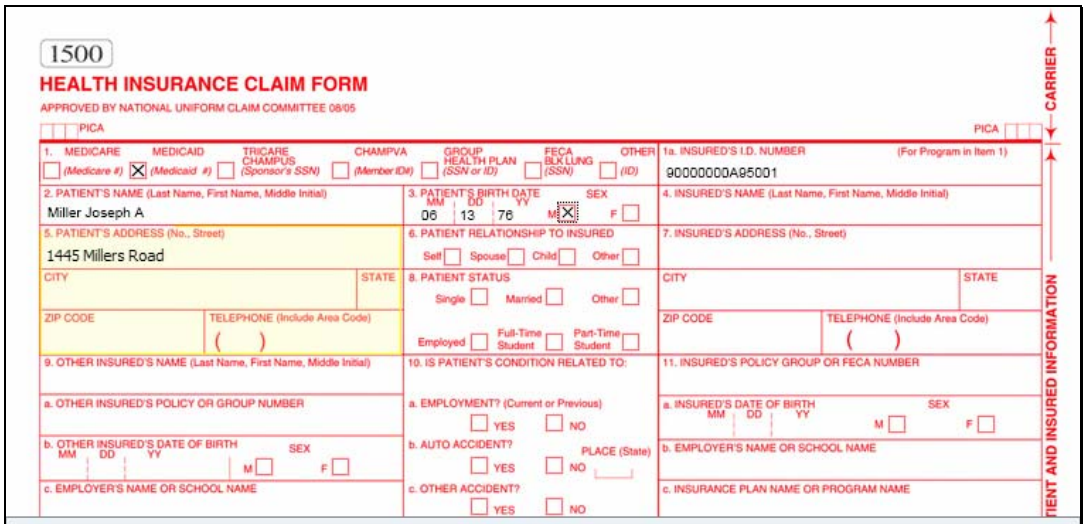
The correct answer is "M".



Type the recipient's complete street address and telephone number in **Box 5**.

** Press **Enter** after each entry to continue to the next field.

The correct answer is "1445 Millers Road".



The correct answer is "Anytown".

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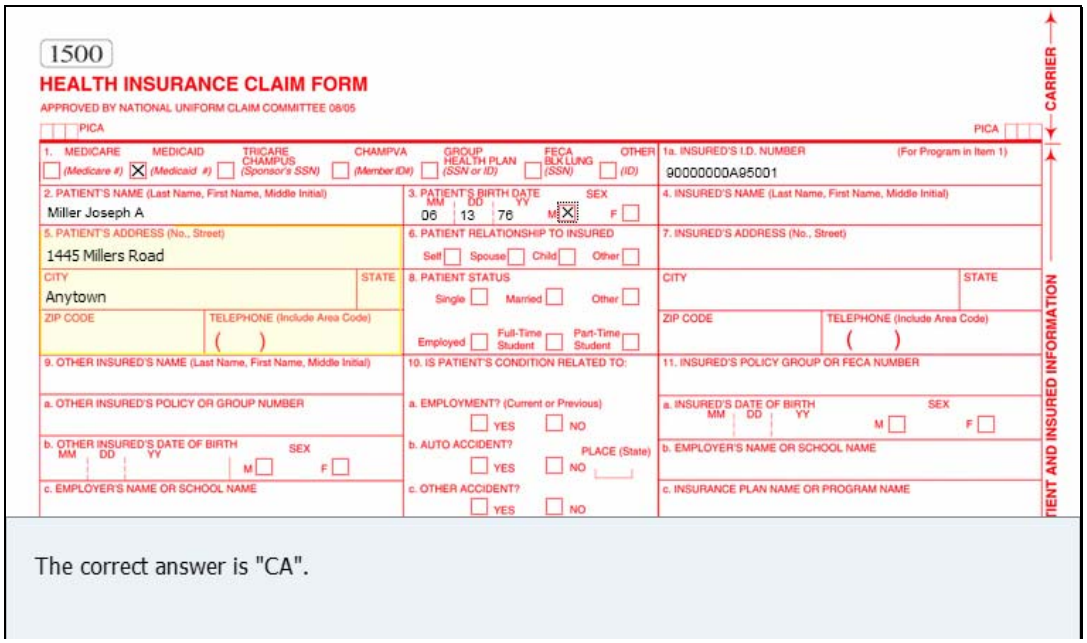
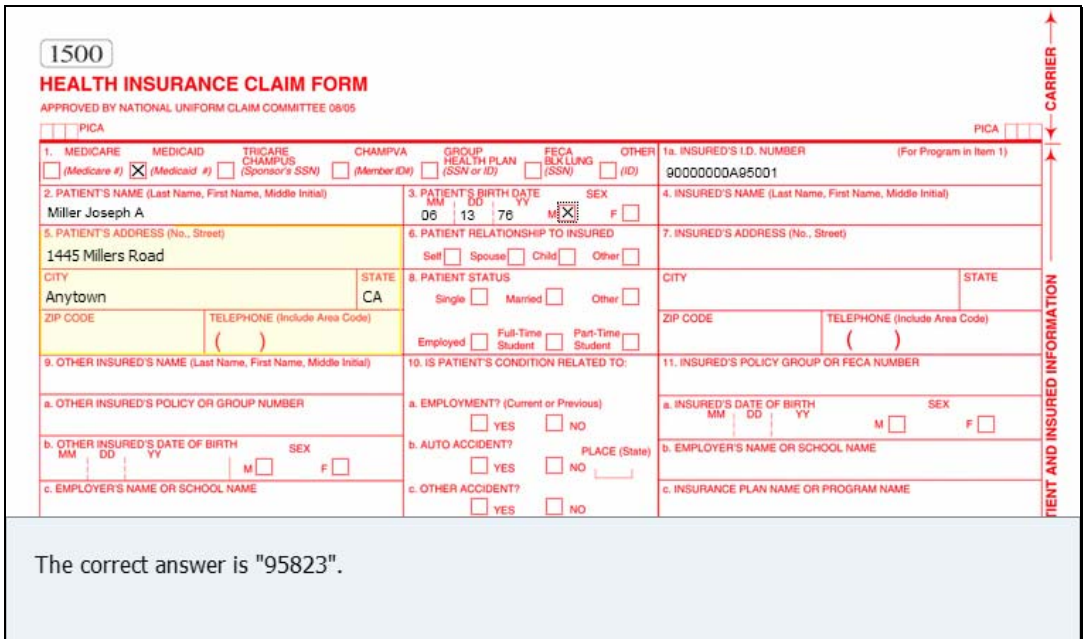
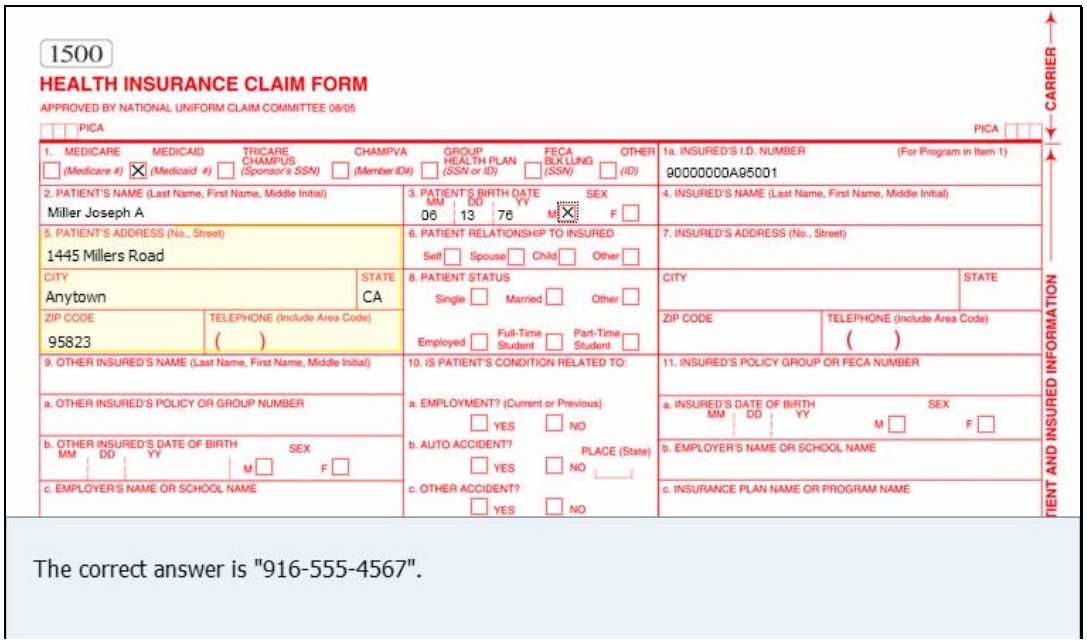


The correct answer is "CA".



The correct answer is "95823".



The correct answer is "916-555-4567".

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